

Abstracts

A419

diagnosis and an acceptable incremental cost per diagnosis when compared to typical costs of syncope hospitalizations in Sweden. ILRs are a cost-effective means of achieving a diagnosis in patients suffering from recurrent unexplained syncope. Further work could incorporate HRQoL benefits because of reduced time-to-diagnosis and faster access to treatment. Faster access to care may also demonstrate cost-savings by preventing death, falls and fractures while patients remain without treatment.

MD2

COST-EFFECTIVENESS AND BUDGET IMPACT ANALYSIS OF ENDEAVOR® DRUG-ELUTING STENT COMPARED TO BARE-METAL STENTS AND CORONARY ARTERY BYPASS GRAFT SURGERY IN SPAIN

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OBJECTIVES: To combine clinical results of Endeavor® clinical trials and the associated costs of its use in patients with de novo lesions of the coronary arteries. **METHODS:** An economic model of ENDEAVOR® was constructed based on a retrospective cost-effectiveness analysis. The basic data of the model were taken from the literature and expert opinion, and reflect the clinical and economic consequences of the management of new coronary lesions within the context of the Spanish National Health System. Expert opinion was obtained from semi structured interviews and panel consensus from interventional cardiologists working in seven different Spanish Regions (Autonomias). Only local costs were included, and a discount of 3.5% was applied to the future costs and outcomes. Probabilistic Sensitivity Analysis (PSA), was performed to evaluate robustness of our results. **RESULTS:** Endeavor® had higher total costs than the bare metal stent and the costs per Target Lesion Revascularization avoided with Endeavor® was €6851 (per year) and €10,831 (5 years). In terms of costs per Major Adverse Cardiac Event avoided with Endeavor®, the results were €7003, €8362 and €11,322, respectively at year 1, 2 and 5, and the costs per QALY gained was €132,877, €34,229 and €10,505 at year 1, 2, and 5 years, respectively. The budgetary impact of the progressive introduction of Endeavor® would be practically null, representing 0.4% on the total costs of percutaneous coronary interventions at 5 years. **CONCLUSIONS:** The use of the Endeavor® stent compared to the Bare metal stent and Coronary artery bypass graft represents an efficient use of resources in coronary artery disease patients, with cost-effectiveness results below the threshold of efficiency defined in Spain. Further real life prospective data related QoL and health care resources utilization may improve model accuracy.

PCV120

GLYCOPROTEIN INHIBITOR USE IN ACUTE CORONARY SYNDROME PATIENTS IN 2007: RESULTS FROM THE ANTIPLATELET TREATMENT OBSERVATIONAL STUDY (APTOR)

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OBJECTIVES: To describe treatment patterns of Glycoprotein Inhibitors (GPI) and clopidogrel in patients presenting with acute

coronary syndrome (ACS). **METHODS:** A prospective observational registry in 3 countries, recruited ACS patients undergoing percutaneous coronary intervention (PCI), January–August 2007, capturing practice patterns, resource use and quality of life. **RESULTS:** A total of 1525 ACS pts (Spain-538, UK-504, France-483), mean age 62 (SD 12), mean wt 80 kg (SD 15), 22% female were recruited. Index diagnosis: unstable angina (UA) and non ST-elevation myocardial infarction (NSTEMI) 62%; ST-elevation myocardial infarction (STEMI) 38%. Ninety-five percent of patients were treated with clopidogrel, whereas 34% of patients received GPIs (abciximab-21%; eptifibatide-3%); tirofiban-11%) before, during or after PCI. The overall use of GPIs was balanced between the three countries (Spain-35%, UK-33%, France-36%). Abciximab was the most frequently used GPI and was administered mainly in the catheterisation laboratory (76%) at the time of PCI. The small molecule GPIs were more commonly administered before PCI (eptifibatide-55%; tirofiban-78%) and to a lesser extent in the catheterisation laboratory (eptifibatide-42%; tirofiban-19%). Of the patients who received abciximab, 60% were STEMI, 26% NSTEMI, and 13% UA. Administration of abciximab before PCI was more frequent in STEMI patients (23%) than in UA (5%) and NSTEMI patients (9%). **CONCLUSIONS:** Of the 34% of ACS patients receiving a GPI, abciximab was the most frequently used and was predominantly administered in the catheterisation laboratory, whereas the other GPIs were more often initiated before. This fits with the NSTE-ACS guidelines recommendation of the European Society of Cardiology (ESC). In the STEMI abciximab cohort, an increase in pre-treatment could be observed.

PCV121

LIPID MANAGEMENT OF HIGH RISK PATIENTS IN THE OUTPATIENT SETTING IN GERMANY: RESULTS OF DYSIS-GERMANY

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OBJECTIVES: Despite statins are accepted as standard for reducing CHD risk by ~30% via their influence on LDL-Cholesterol level, they do not prevent the majority of clinical events like MI, coronary death or stroke. In addition to other modifiable risk factors like hypertension or diabetes, persistent dyslipidemia, expressed as LDL-C above target and/or low HDL-Cholesterol (HDL-C) or high triglycerides (TG), is likely to play a major causative role in the residual risk of cardiovascular (cv) events in statin treated patient. As little recent information is available on the prevalence of persistent dyslipidemia in statin treated outpatients, this cross sectional survey will diminish this gap. **METHODS:** As part of a paneuropean study, 1255 patients in Germany pretreated with a statin for at least 3 months (45.4% with diabetes, 14.2% smoker) were included in the period of April and May 2008. Their cv risk profile was documented and modifiable risk factors were compared with current guidelines. **RESULTS:** A total of 39.9% of patients had LDL-C levels below 100 mg/ml (median 106.7 mg/dl), 71.4% had HDL-C levels above 40 (males)/50 (females) mg/dl (median 51 mg/dl), 66.5% with TG below 150 mg/dl (median 140,0 mg/dl). A total of 19.1% of patients had all 3 lipid values within the mentioned ranges. A total of 39.8% had blood pressure (RR) above 140/90 mmHg, 12.8% of patients had RR values below 140/90 mmHg and lipid levels within the desired ranges. BMI was 28.1 kg/m². **CONCLUSIONS:** Since 2000, comprehensive lipid management and treatment of modifiable risk factors in Germany has improved over time but remains still suboptimal and deserves further attention, which is similar to a prior report from German hospitals.